TMPL\_004 – Scientific Review Form

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| INSTRUCTIONS FOR REVIEW |
| Please note that all boxes expand to accept as much commentary as required. |

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| PROJECT DETAILS | | | | | |
| **Project Title** | |  | | | |
| **Principal Investigator** | |  | | | |
| **Reviewer** (name/title/institution): | |  | | | |
| Can the applicant contact you directly for further advice/clarification? *(We have found this to work well for applications which have a good research idea but need further input.)* | | | | | Yes  No |
| **Important:** If you believe that there is a possible conflict of interest associated with reviewing this research proposal or if you believe you do not have the relevant level of expertise to provide an assessment of this proposal, please contact the Research Management Office before proceeding (Tel:0117 342 0223) or email: R&DSponsorship@UHBW.nhs.uk | | | | | |
| **Please indicate your level of expertise in assessing this proposal:** | | | | | |
|  | High | | Medium | Low | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ASSESSMENT CRITERIA | | | |  |  |  | |  |
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| ***1. Relevance and originality of the research*** | | | | | | | | |
| **a) Is research in this area needed in the NHS?** | | | | Yes | No | Unclear | |  |
| *Please expand, e.g. importance of the research and whether it will lead to new understanding:* | | | | | | | | |
| **b) Is there similar work underway or published elsewhere?** | | | | Yes | No | Unclear | |  |
| *If ‘yes’ please give details and state whether the current project is still needed:* | | | | | | | | |
|  | | | | | | | | |
| ***2. Impact and dissemination*** | | | | | | | | |
| **a) Does the proposal have the potential to benefit patient treatment and care within the NHS?** | | | | Yes | No | Unclear | |  |
| *Please explain, outlining potential benefits and whether the research is likely to be applicable to the NHS in general or of local benefit only:* | | | | | | | | |
| **b) Is the dissemination plan adequate?** | | | | Yes | No | Unclear | |  |
| *Please expand, indicating how this could be further developed if appropriate:* | | | | | | | | |
| **c) Is the work likely to lead to a larger grant application?** | | | | Yes | No | Unclear | |  |
| *Please expand:* | | | | | | | | |
|  | | | | | | | | |
| ***3. Feasibility and study design*** | | | | | | | | |
| **a) Does the proposal clearly state the research question(s)?** | | | | Yes | No | Unclear | |  |
| *If no, please* *expand:* | | | | | | | | |
| **b) Is the proposed research (qualitative or quantitative) of high quality?** | | | | Yes | No | Unclear | |  |
| *Please* *comment on the strengths and weaknesses of the proposed research design:* | | | | | | | | |
| **c) Sample size and patient population (if the answer is ‘no’ to any of the questions below, please expand):** | | | |  |  |  | |  |
| *Are participant numbers realistic within the specified timeframe?* | | | | Yes | No | Unclear | |  |
|  | | | | | | | | |
| *Has an appropriate sample size calculation been performed?* | | | | Yes | No | Unclear | |  |
|  | | | | | | | | |
| *Is the planned statistical analysis suitable?* | | | | Yes | No | Unclear | |  |
|  | | | | | | | | |
|  | | | | | | | | |
| ***4. Study team and management*** | | | | | | | | |
| **a) Is the applicant suitably qualified to conduct the proposed study?** | | | | Yes | No | Unclear | |  |
|  | | | | | | | | |
| **b) If the principal researcher is inexperienced, does he/she have the background and support from within the team to develop the work?** | | | Yes | No | Unclear | | N/A | |
| *Please expand on whether or not all necessary support is available within the research team:* | | | | | | | | |
| **c) Can this project be delivered within the stated time frame?** | | | | Yes | No | Unclear | |  |
| *(if ‘no’ please expand):* | | | | | | | | |
| **d) Patient and public involvement (PPI): is there evidence of patient/public involvement in the study?** | | | | Yes | No | Unclear | |  |
| *Please comment on whether the level of PPI is appropriate, and if not, how this might be improved:* | | | | | | | | |
|  | | | | | | | | |
| ***5. Conclusion*** | | | | | | | | |
| **Do you have any concerns or doubts regarding the proposal?** | | | | Yes | No |  | |  |
| *If yes please summarise:* | | | | | | | | |
| **Please indicate your overall assessment of the quality of the proposal:** | | | | | | | | |
| Outstanding | Good | Adequate | | Poor | | | | |
| **In your opinion the proposed study should:** | | | | | | | | |
| Proceed as proposed  Proceed, although amendments recommended | | Re-submit with recommended amendments  Not proceed | | | | | | |
| **Details of any suggested amendments to the study proposal:**  *Please summarise* | | | | | | | | |
| **Any additional comments:** | | | | | | | | |
| **Signature:** | | **Date:** | | | | | | |

If returning the form by email, you will need to use a secure personally identifiable email account. Alternatively, the form can be signed and returned to the requesting Chief Investigator or Research Management Facilitator as a hard copy.

[R&DSponsorship@UHBW.nhs.uk](mailto:R&DSponsorship@UHBW.nhs.uk)

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